

# PremierChoice Health & Wellness Plans<sup>1</sup>



<p><b>Health</b></p> <p>The typical American visits his or her doctor <b>3 times</b> per year.</p> <p><i>~National Ambulatory Medical Care Survey 2015</i></p>	<p><b>Child Immunizations</b></p> <p>Children 5-15 typically visit the doctor <b>2 times</b> per year.</p> <p><i>~National Ambulatory Medical Care Survey 2015</i></p>	<p><b>Preventative Care</b></p> <p><b>6 out of 10</b> Americans had a Preventative Care visit in 2015.</p> <p><i>~National Ambulatory Medical Care Survey 2015</i></p>
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<sup>1</sup>The Plans are underwritten by Freedom Life Insurance Company of America.

The PremierChoice Health & Wellness Plans provide benefits for covered wellness exams and health screenings. They do not cover sicknesses or accidental bodily injuries, which are covered under a traditional ACA metal plan. If sickness or accidental bodily injury coverage is appropriate for You and/or Your family, please ask Your agent for details on the PremierChoice Specified Disease/Sickness Plans and the PremierChoice Accident Plans. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details). The PremierChoice Health & Wellness Plans provide benefits for covered medical services but are neither traditional major medical plans nor Workers Compensation plans under state law. The PremierChoice Health & Wellness Plans are considered "excepted benefit plans" under the ACA and are not "minimum essential coverage" plans under the ACA.

# PremierChoice Health & Wellness Plan

## Coverage for Everyday Medical Needs

- **No Annual Deductible or Co-Pay**  
Enables You to receive benefit payments sooner than a traditional Major Medical plan.
- **Any Doctor, Any Hospital**  
You can stretch Your dollars further by choosing an In-Network Provider.
- **Your initial rate is guaranteed for 15 months at no extra charge!**<sup>1</sup>

PremierChoice Health & Wellness is a Fixed Indemnity Wellness plan that allows You to receive specific first dollar benefit payments for covered Wellness & Health Screening Benefits, regardless of what Your medical provider charges.



After Your plan has been in force for 30 days, You have access to the following Wellness & Health Screening Benefits:

Wellness & Health Screening Benefits <i>Per Insured Per Policy Year</i>	PLAN 1 <i>\$ Paid/# Allowed</i>	PLAN 2 <i>\$ Paid/# Allowed</i>	PLAN 3 <i>\$ Paid/# Allowed</i>
Physical Examination	\$125/1 Exam	\$150/1 Exam	\$200/1 Exam
Health Screening Diagnostic Labs	\$30/2 Days	\$35/2 Days	\$45/2 Days
Children Routine Immunizations <sup>2</sup>	\$50/10 Per Child	\$50/10 Per Child	\$50/10 Per Child
Pap Smear	\$35/1 Pap Smear	\$35/1 Pap Smear	\$35/1 Pap Smear
Mammogram <sup>2</sup>	\$250/1 Mammogram	\$250/1 Mammogram	\$250/1 Mammogram
PSA Test <sup>2</sup>	\$25/1 Test	\$25/1 Test	\$25/1 Test
Colonoscopy <sup>2</sup>	\$450/1 Exam	\$550/1 Exam	\$650/1 Exam
Osteoporosis Screening <sup>2</sup>	\$100/1 Screening	\$125/1 Screening	\$150/1 Screening
Health Screening Chest X-Ray	\$100/1 X-Ray	\$150/1 X-Ray	\$200/1 X-Ray
EKG <sup>2</sup>	\$50/1 EKG	\$50/1 EKG	\$50/1 EKG
Stress EKG <sup>2</sup>	\$100/1 Stress EKG	\$100/1 Stress EKG	\$100/1 Stress EKG

<sup>1</sup>The Premium Rate Guarantee Period does not apply to any rate change due to: change of address; addition of Insureds; change of benefits or options; change of Mode Of Premium Payment; group policy coverage, benefits, limitation or exclusion changes; or any future requirements of any federal or state law.

<sup>2</sup>Age-related restrictions and other limitations apply. Please see page 18 for more details.

All PremierChoice Health & Wellness Screening Benefits are required to be deemed Medically Necessary by a Provider in connection with the Insured's routine physical examination or child's wellness & health evaluation.

# PremierChoice Health & Wellness Plan Optional Rider

The Optional Medical Inflation Protection Rider on the PremierChoice Health & Wellness Plans has been designed to increase Your coverage and to fit Your needs and Your budget.

## Optional Medical Inflation Protection Rider *(FIWELMI-2018-R-FLIC, available for an additional premium)*

At the time of application, You must lock in Your Optional Medical Inflation Protection Rider. Under the Optional Medical Inflation Protection Rider, all of the Benefit amounts in the PremierChoice Health & Wellness Plan will increase by 5 percent annually, on a compounded basis. At the beginning of Your second Policy Year, all of the Benefit amounts under the PremierChoice Health & Wellness Plan will increase by 5 percent of their amount on the Issue Date. At the beginning of Your third Policy Year, all of the Benefit amounts under the PremierChoice Health & Wellness Plan will increase by 5 percent of their amount as of the beginning of Your second Policy Year. The Benefit amounts under the PremierChoice Health & Wellness Plan will continue to increase by 5 percent each consecutive Policy Year until Your sixth Policy Year begins. After the beginning of Your sixth Policy Year, all Benefit amounts under the PremierChoice Health & Wellness Plan will remain the same, so long as coverage under the PremierChoice Health & Wellness Plan and the Optional Medical Inflation Protection Rider remain in force. If at any time coverage under the Optional Medical Inflation Protection Rider lapses, but coverage under the PremierChoice Health & Wellness Plan remains in full force and effect, all Benefit amounts under the PremierChoice Health & Wellness Plan will be reduced to their original amounts on the Issue Date.

Here's how the **PremierChoice Health & Wellness Plan** Level 2 with the Optional Medical Inflation Protection Rider in force could increase Your applicable benefit limits:

At time of issue	1st Anniversary	2nd Anniversary	3rd Anniversary	4th Anniversary	5th Anniversary
Physical Examination Fixed Indemnity Benefit Amount	Benefit amount at time of issue + 5% increase	Benefit amount at 1st Anniversary + 5% increase	Benefit amount at 2nd Anniversary + 5% increase	Benefit amount at 3rd Anniversary + 5% increase	Benefit amount at 4th Anniversary + 5% increase
\$150	\$157*	\$164*	\$172*	\$180*	\$189*

*\*All dollar amounts have been rounded down to the closest whole number.*

## PremierChoice Health & Wellness Plan Features

### Premium Rate Adjustments

We will not raise Your premium rates on an individual basis due to Your personal claims experience on the plan. We may raise Your premium rates on Your Renewal Premium Class for all Certificates in Your state.

### Renewability

Coverage under the PremierChoice Health & Wellness Plans is conditionally renewable up to age 65.

### Termination

Your coverage will end upon the occurrence of one of the following: the applicable Group Insurance Policy is terminated by the Group Policyholder; with respect to Your Spouse who is covered, Your divorce decree, annulment or court approved separation becomes effective; Your covered child(ren) reach the limiting age as defined by Your state; with respect to coverage that is extended after proper notice and premium payment to a newborn of any Insured who is Your unmarried, dependent child under age 19 (24 if a Full-Time Student), 18 months after the date of such newborn's birth; the due date of any unpaid premium (subject to the grace period); You terminate coverage by notifying Us; We cease offering and renewing the same form of coverage as the Certificate in Your state; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for coverage or filing a claim; the Primary Insured terminated membership in the association which is the Group Policyholder; or the month following attainment of age 65 for You or Your Spouse, or in the event You or Your Spouse are eligible for Medicare.



## PremierChoice Health & Wellness Plan Waiting Periods & Limitations

Coverage under the PremierChoice Health & Wellness Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierChoice Health & Wellness Plan, as well as the following limitations and waiting periods:

- any fixed indemnity benefit claim under the PremierChoice Health & Wellness Plan for (i) the Physical Examination Fixed Indemnity Benefit, (ii) the Mammogram Fixed Indemnity Benefit, (iii) the PSA Test Fixed Indemnity Benefit, (iv) the Pap Smear Fixed Indemnity Benefit, (v) the Osteoporosis Screening Fixed Indemnity Benefit, (vi) the Colonoscopy Fixed Indemnity Benefit, (vii) the EKG Fixed Indemnity Benefit, (viii) the Stress EKG Fixed Indemnity Benefit, (ix) the Health Screening Diagnostic Laboratory Fixed Indemnity Benefit, (x) the Health Screening Chest X-Ray Fixed Indemnity Benefit, and (xi) the Children Routine Immunization Fixed Indemnity Benefit, shall not be eligible for payment or covered under the PremierChoice Health & Wellness Plan until 30 days from the Issue Date.
  - **Childhood Routine Immunizations** - Ten covered immunizations per Insured per Policy Year are available to Insureds under the age of 18 under the Childhood Routine Immunizations Wellness & Health Screening Benefit.
  - **Mammogram** - One Mammogram Wellness & Health Screening Benefit per Policy Year is available to female Insureds who are age 35 or older.
  - **PSA Test** - One PSA Test Wellness & Health Screening Benefit per Insured per Policy Year is available to male Insureds who are at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of prostate cancer or another prostate cancer risk factor.
  - **Colonoscopy** - One Colonoscopy Wellness & Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of colon cancer or another colon cancer risk factor.
  - **Osteoporosis Screening** - One Osteoporosis Screening Wellness & Health Screening Benefit per Insured per Policy Year is available to High Risk Female Insureds who are between the ages of 40 and 65 by undergoing a Bone Density Test.
  - **EKG** - One EKG Wellness and Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of cardiovascular disease or another cardiovascular disease risk factor.
  - **Stress EKG** - One Stress EKG Wellness and Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of cardiovascular disease or another cardiovascular disease risk factor.

## PremierChoice Health & Wellness Plan Non-Covered Items

Coverage under the PremierChoice Health & Wellness Plan is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the PremierChoice Health & Wellness Plan. In addition, the PremierChoice Health & Wellness Plan does not provide coverage for professional fees and medical services Provided to an Insured or any fixed indemnity payment obligation for Us under the PremierChoice Health & Wellness Plan for any of the following, all of which are excluded from coverage:

- treatments, care, procedures, services or supplies which do not constitute Covered Services;
- treatments, care, procedures, services or supplies received before the PremierChoice Health & Wellness Plan Issue Date;
- Covered Services received after the PremierChoice Health & Wellness Plan terminates, regardless of when the condition originated except as provided in the EXTENSION OF BENEFITS provision;
- Prescription Drugs;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED SERVICES section of the PremierChoice Health & Wellness Plan and any optional coverage rider attached hereto;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- experimental procedures or treatment methods not approved by the American Medical Association, or other appropriate medical society;
- eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids, and exams for their prescription or fitting;
- any medical condition excluded by name or specific description by either the PremierChoice Health & Wellness Plan or any riders, endorsements, or amendments attached to the PremierChoice Health & Wellness Plan;
- breast reduction or augmentation or complications arising from these procedures;
- voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception; and
- except for Complications of Pregnancy, routine maternity related to childbirth, including routine nursery services and well-baby care.